Compensation to the Sufferers of Epidemics

2327. SHRI V. HANUMANTHA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to compensate poorer sections of people who are ravaged by malaria and other epidemics caused by failure of Government;

(b) if not, the reasons thereof;

(c) what responsibility will be placed on local health departments to insure poorer sections from diseases inflicted on them; and

(d) whether there is any proposal to start a compensatory scheme for poorer people; if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVER A): (a) and (b) For controlling Malaria, Central Govt. provides assistance to the State Govts, on 50:50 sharing basis between the Centre and the States under the National Malaria Eradication Programme (NMEP). 100% Central assistance to the seven North-Eastern States is being provided from December, 1994.

(c) Health is a State subject. Concerned State Health authorities are required to take appropriate action.

(d) There is no such proposal.

Quality of Vaccines in Bihar

2328. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the cold chain system in transporting the Vital Vaccines from the point of manufacture to the point of actual use in the State of Bihar is not fool proof because of erratic power supply and inadequate maintenance staff resulting in vaccines losing their potency and becoming ineffective;

(b) if so, what are the details thereof; and

(c) what remedial measures Government propose to take to ensure that vaccines which are administered to children for immunisation do not lose their potency in Bihar?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) The cold .chain system in transporting the vital vaccines from the point of manufacture to the point of use .throughout the country including the state of Bihar is being maintained. The breakdown rate of the cold chain equipment reported from Bihar is 3.81% as on 31.5.95 as against the national average of 1.63%.

(c) Central Govt, has already replaced all the equipment required for vaccine storage reported as beyond repair by state Govt. of Bihar. The spare parts, cash assistance for cold chain maintenance and also salary support for refrigerator mechanics at the rate of one mechanic per districts is also provided by Central Govt.

Primary Health and Family Planning Centres in Gujarat

2329. SHRIMATI ANANDIBEN JETHABHAI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
(a) the number of Primary Health and Family Planning Centres in each District of Gujarat Stale during 1994-95 and as on date;

(b) the funds provided by Government to the State during the period for this purpose;

(c) the number of Rural/Tribal people covered in each of the district of the State; and

(d) the measures taken so far by Government during Eighth Plan period for the effective functioning of each Centre including training and modernised research facilities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) As per Statements I and II enclosed (See below)

(b) Primary Health Centres are funded under the State sector Minimum Needs Programme (MNP). The MNP outlay for Gujarat for 1994-95, (which includes provision for community Health Centres and Construction of Sub-Centres) is Rs. 1718 lakhs.

The funds allocated for Family Welfare Centres for the State for 1994-95 are indicated below:—

(Rs in lakhs)

Family Welfare Centres	Budget Allocation 1994-95
Distt, level post	103.00
Partum Sub-Distt. Level post	162.00

(Rs. in lakhs)

Family Welfare Centres	Budget Allocation 1994-95
Partum Centers	
Urban Family Welfare Centres.	171.00
Rural Family Welfare Centres.	607.50
Health posts.	49.50

(c) Each Primary Health Centres is expected to cover about 20,000 population in tribal areas and 30,000 population in other rural areas. Rural Family Planning Centres are set-up at block level covering an approximate population of 1 lakh each.

(d) Eight Plan aims at consolidation and ope rationalisation of services. Training Programmes have been stepped up to improve the efficiency and effectivness of the para medical and medical functionaries at these centres.

As these centres provide only preventive and curative care, provision of research facilities is not envisaged.

Statement I

Statement Showing the Number of PHCs in Gujrarat State District-wise as on 30.6.1994

Sl. No	Name of District	No. of PHCs as on 30.6.94
1.	Ahmedabad	47
2.	Amreli	32
3.	Banskantha	65
4.	Vadodra	66
5.	Bhavnagar	46
6.	Baruch	45
7.	Valsad	54
8.	Dang	7
9.	Gandhinagar	8
10.	Jamnagar	36
ll.	Junagarh	56
12.	Kheda	93
13.	Kutch	37
14.	Mehsana	77
15.	Panchmahala	89

Sl. No.	Name of District	No. of PHCs as on 30.6.94
16.	Rajkot	42
17.	Sabarkantha	55
18.	Surat	62
19.	Surendranagar	78
	Total	945

Statement II

Districtwise DetaUs of Family Welfare Centres in Gujarat

Sl. No.	Name of District	Distt. level P.P. Centre	Sub-Distt. level P.P. Centres	Urban F.W. Centres	Health Posts	Rural FW Centres
1.	Ahmedabad	6	2	38	—	—
2.	Amreli	1	3	1	—	—
3.	Banaskantha	1	1	—	—	—
4.	Bharuch	1	2	2	—	—
5.	Bhavnagar	2	4	6	—	—
6.	Dang	1	3	5		
7.	Gandhinagar	1	4	7		
8.	Jamnagar	1	3	3		
9.	Junagarh	1	2	7		
10.	Kachhbhuj	1				
ll.	Kheda	3				
12.	Mehsana	5	3	2	—	—
13.	Panchmahal	1	5	4	—	—
14.	Rajkot	1	7	10	*z*	*z*
15.	Sabarkantha	1	3	4		
16.	Swat	1	2	ll	19	—
17.	Surendranagar	2	2	2		—
18.	Vadodra	2	4	9	9	
19.	Valsad	1	5	2	—	—
	Total	33	55	113	28	251*

'District-wise break up not available.

Advances taken by ET&T from Customers

2330. SHRI MD. SALIM: Will the' PRIME MINISTER be pleased to state:

(a) whether it is a fact that the ET&T has taken advances from the customers and utilised these advances for various other purposes and now ET&T is not in a position to execute these orders;